## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

01579269

| CLAIMS AS FILED - PART I  |  |   |   |                               |                       |                                | SMALL ENT           | TTY ,                  |                         | OTHER               | THAN                   |
|---|--|---|---|-------------------------------|-----------------------|--------------------------------|---------------------|------------------------|-------------------------|---------------------|------------------------|
|   | _  |   | TYPE  |                               | OR<br>-               | SMALL E                        | NTITY               |                        |                         |                     |                        |
| U.S. NATIONAL STAGE FEES  |  |   |   |                               |                       |                                | RATE                | FEE                    | l                       | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150                                 |                               | LARG                  | SE ENT. = \$ 300               | BASIC FEE           | 150                    | OR                      | BASIC FEE           |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                               |                       | her situations = 100 / \$ 200  | EXAM. FEE           |                        |                         | EXAM. FEE           |                        |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$          | ntries =                      |                       | ther situations = 250 / \$ 500 | SEARCH FEE          |                        |                         | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | ış 100 =                      |                       | / 50 =                         | X \$ 125 =          |                        |                         | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 16 min  | nus 20 =                      | * _                   |                                | X \$ 25 =           |                        | OR                      | X \$ 50 =           |                        |
| IND   | EPENDENT CL                                    | AIMS                                      | 2) 9  | inus 3 =                      | *<                    |                                | X \$ 100 =          |                        | OR                      | X \$ 200 =          |                        |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PR                             | ESENT   |                               | <u> </u>              |                                | + \$ 180 =          |                        | OR                      | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                               |                       |                                | TOTAL               |                        | OR                      | TOTAL               |                        |
|   |  |   |   |                               |                       |                                |                     |                        |                         |                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |   |                               |                       | SMALL ENTITY                   |                     | OR                     | OTHER THAN SMALL ENTITY |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | J J   | HIGH<br>NUM<br>PREVIO         | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA               | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                            |                       | =                              | X \$ 25 =           |                        | OR                      | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus   | ***                           |                       | =                              | X \$ 100 =          |                        | OR                      | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                       |                                | + \$ 180 =          |                        | OR                      | + \$ 360 =          |                        |
|   |  |   |   |                               |                       |                                | TOTAL ADDIT.        |                        | OR                      | TOTAL ADDIT.<br>FFF |                        |
|   |  | (Column 1)                                |   | (Colui                        |                       | (Column 3)                     |                     |                        |                         |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY         | PRESENT<br>EXTRA               | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                            |                       | =                              | X \$ 25 =           |                        | OR                      | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus   | ***                           |                       | =                              | X \$ 100 =          |                        | OR                      | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |                       |                                | + \$ 180 =          |                        | OR                      | + \$ 360 =          |                        |
|   |  |   |   |                               |                       |                                | TOTAL ADDIT.<br>FFF |                        | OR                      | TOTAL ADDIT.<br>FFF |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                               |                       |                                |                     |                        |                         |                     |                        |